

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	TD	49	10-10-00
O.I.P.E. CLASSIFIER			10/20/00
FORMALITY REVIEW	SZ	859	11-13-00
RESPONSE FORMALITY REVIEW	Rm	781	04-06-01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ± ..... Restricted O ..... Objected

Claim	Date
Final Original	10/03
1	11/04
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20	N N
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28	N N
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32	N N
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41	N N
42	✓ ✓
43	✓
44	✓
45	=
46	✓
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49	
50	✓

Claim	Date
Final Original	10/03
51	11/04
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59	✓ ✓
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Claim	Date
Final Original	
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If more than 150 claims or 10 actions  
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Best Available Copy